0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15790

FILED JUN 4 1948

Registration District No. 47 — Primary Registration District No. 3016 — Registrar's No. 137

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Three Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Holt Summitt (If outside city or town limits, write "RURAL")
(d) Street No. Roots 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse Hughes
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 4 (Day) 1882 (Year)

8. AGE: Years 65 Months 9 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Cedar City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Section Foreman
11. Industry or business Railroad
FATHER
12. Name Joseph Hughes
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary D. Parsons
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant May Hughes
(b) Address Rt. 1 - Holt Summitt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hark Hill Cemetery
18. (a) Signature of funeral director Fannie Sewice
(b) Address 700 Jefferson
19. (a) 6-1-48 (Date received local registrar) (b) R. P. Darris, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1948 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 19 46 to May 30 1948 that I last saw him alive on May 29 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction portal vein & ascites (ascites) — Duration 1 year
Due to Thrombosis (ascites)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94
Of autopsy Thrombosis portal vein

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. W. Maxey (M. D. or other) MD
Address 636 Jefferson Date signed 6-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
JUN 3 1948
Date Filed

JUN 15 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Donald P. Freeman Registered Apprentice No. 481 working under my personal supervision.

Signed L. V. Anderson

Licensed Embalmer No. 3641

P. O. Address Jmo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.